2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # P98000010488 FOTIOS DEVELOPMENT CORPORATION 05-22-2000 90073 033 ***158.75 Principal Place of Business Mailing Address 1868 SE PORT ST. LUCIE BLVD. 1868 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952-5545 PORT ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANAGIOTAKOPOULOS, FOTIOS Street Address (P.O. Box Number is Not Acceptable) 1850-1868 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable **FILÈ NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 · CLASS BURGERS ☐ Change Addition ☐ Delete TITLE 1. PANAGIOTAKOPOULOS, FOTIOS NAME NAME STREET ADDRESS 2450 SE DRAYTON ROAD -STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE PANAGIOTAKOPOULOS, MARY NAME 2450 SE DRAYTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete ☐ Change Addition TITLE PANAGIOTAKOPOULOS, CHRISTOS F NAME NAME STREET ADDRESS STREET ADDRESS 2450 SE DRAYTON ROAD CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP dees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplement of the corporation or the receiver of tru changed, or on an attachment with an ther like empowered

NTED NAME OF SIGNING OFFICER OR DIRECTOR